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How Medicare helps during a hospital stay

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How Medicare helps during a hospital stay

Both parts of Medicare can help pay your expenses during an inpatient hospital stay. Medicare hospital insurance covers your hospital expenses, and Medicare medical insurance covers doctors' services.

When hospital insurance pays

The costs of covered services provided by the hospital during your inpatient hospital stay are covered by Medicare hospital insurance only if *all* of the following four conditions are met: (1) a doctor prescribes inpatient hospital care for treatment of an illness or injury, (2) the treatment you need can only be provided in a hospital, (3) the hospital is participating in Medicare, and (4) the Utilization Review Committee of the hospital or the Professional Standards Review Organization in the area does not disapprove your stay.

When all four conditions are met, hospital insurance pays for covered services in a participating hospital for as many as 90 days in each benefit period. Hospital insurance does not pay the first \$160 (the hospital insurance deductible) in each benefit period. Medicare pays for all other covered services for up to 60 days. For the 61st through 90th day of inpatient hospital care in each benefit period, hospital insurance pays for all covered services except for \$40 a day.

These 90 inpatient hospital days are renewed whenever a new benefit period begins. When you have not been an inpatient of a hospital or other facility that mainly provides skilled nursing or rehabilitation care (whether or not it participates in Medicare) for 60 days in a row including the day of discharge, a new benefit period begins the next time you are admitted to a hospital.

Hospital insurance also includes 60 reserve days of inpatient hospital care, which you can use if you ever have to stay in the hospital for more than 90 days in a benefit period. Reserve days are not renewable. For each reserve day that you use, hospital insurance pays for all covered services except for \$80 a day.

There is a limit on Medicare payment for inpatient care in psychiatric hospitals. Hospital insurance can help pay for no more than 190 days of care in a psychiatric hospital in your lifetime.

When hospital insurance cannot pay
Medicare does not cover care that is not reasonable and necessary for the treatment of an illness or injury.

Medicare cannot pay for hospital care if the medical care you need could be provided in a skilled nursing facility, on an outpatient basis, in the doctor's office, or in your home.

Nor can Medicare pay for hospital care if it is primarily custodial care. Custodial care is care which is primarily to help meet personal needs, such as help in walking, bathing, dressing, and taking medicine on time, and which can be provided by persons without professional skills or technical training.

The hospital's Utilization Review Committee or the Professional Standards Review Organization for the area regularly reviews the care being furnished to hospital patients under Medicare.

If, after a medical review, the doctors on the Utilization Review Committee or the Professional Standards Review Organization find that inpatient hospital care is not medically necessary for treatment, Medicare hospital insurance cannot pay for the part of the hospital stay that is unnecessary.

What hospital insurance covers

Covered services during a hospital stay include the costs of:

- ▶ A semiprivate room (2-4 beds) and all meals, including special diets;
- ▶ Routine nursing services;
- ▶ Special care units, such as an intensive care unit and coronary care unit;
- ▶ Drugs furnished by the hospital while you are an inpatient;
- ▶ Operating and recovery rooms;
- ▶ Rehabilitation services such as physical therapy, occupational therapy, and speech pathology;
- ▶ X-ray and other radiology services for diagnosis or treatment;
- ▶ Lab tests included in your hospital bill.

Hospital insurance pays the hospital for all covered services provided to you. The hospital may not collect from you for any services which Medicare will cover.

What hospital insurance does not cover

Hospital insurance does not cover:

- ▶ Personal convenience items that you request such as a television, radio, or telephone in your room;
- ▶ Private duty nurses;
- ▶ Any extra charges for a private room unless you need it for medical reasons;
- ▶ The first 3 pints of blood you receive in a benefit period. (You do not have to pay for the first 3 pints if you have them replaced through a blood plan membership or have someone donate blood for you.)

How medical insurance helps

Medical insurance can help pay some of your expenses during an inpatient hospital stay that are not covered by hospital insurance. Medical insurance covers your doctor's visits and your surgeon's services if you have an operation.

After you have \$60 in "reasonable charges" for covered services (the \$60 annual medical insurance deductible), medical insurance pays 80 percent of the reasonable charges for all additional covered services during the rest of the calendar year.

During a hospital stay covered by hospital insurance, you may receive services by doctors who are responsible for radiology and pathology services provided by the hospital. Charges for these services are paid by medical insurance without your having to meet the \$60 annual deductible. For these services, medical insurance pays 100 percent, rather than 80 percent, of the reasonable charges. However, these charges cannot be counted toward meeting the deductible.

Inpatient care in a non-participating hospital

Ordinarily, Medicare covers care only in participating hospitals which are in the United States. But, Medicare hospital insurance can cover inpatient care in non-participating hospitals in the U.S., Canada, and Mexico in the following situations.

When an emergency occurs while you are in the United States and immediate hospitalization is needed to prevent death or serious impairment to health, hospital insurance can cover an inpatient stay in a qualified U.S., Canadian, or Mexican hospital if it is the closest one that is equipped to handle the emergency. This coverage cannot exceed the period during which you need emergency care.

An inpatient hospital stay in a qualified Canadian hospital can also be covered if an emergency occurs during a direct trip to or from Alaska and another State.

Hospital insurance also covers inpatient care in a qualified Canadian or Mexican hospital, regardless of whether or not an emergency exists, if you live in the U.S. and the Canadian or Mexican hospital is closer to your home than the nearest U.S. hospital which could provide the care you need.

In these situations, hospital insurance pays approximately two-thirds of the cost of an inpatient stay in a qualified hospital. Even though these are non-participating hospitals, the days that you are hospitalized are subtracted from the total number of inpatient hospital days in each benefit period. If a non-participating hospital does not accept payment directly from Medicare, payment can be made to you. Any social security office can help you submit your claim.

For more information

More detailed information about Medicare can be found in *Your Medicare Handbook*. If you don't have a handbook, you can get one at any social security office. The people there can also answer questions you may have about Medicare or refer you to the appropriate Medicare claims processing organization in your area.

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